Local Responses Meeting

Mwanza, Tanzania

5-7 June 2000

~Measuring Progress of Local Responses to HIV/AIDS

From 5–7 June 2000 around 45 participants joined the Third Meeting of the Local Responses Techr Resource Network at Mwanza, Tanzania, for a meeting on Measuring Progress of Local Responses HIV/AIDS. The meeting was co-hosted by UNAIDS and TANESA.

The essential outcome and findings of the meeting are synthesised in the Technical Note 3. Reader welcome to use and distribute the Note widely, and to give feedback to the Local Responses Team UNAIDS.

What was our purpose?

The purpose of the meeting was to achieve synthesis on global learning on the different methods tha communities use for measuring progress on HIV/AIDS. The key is how communities assess their ow progress in becoming 'AIDS-competent' - that is to say, how they have developed their capacity to r the issue in their own way. In particular, how they:

1. Assess progress in their capacity to resolve this issue on their own; 2) Monitor reduction in HI incidence and behavioural change; and 3) Assess improvement in the quality of their lives, ar of specific groups.

What was our methodology?

Throughout the meeting the participants worked in small (Support and Learn) teams. On Day 1, cou facilitators reported on their experiences with progress measurement. Experts presented methodolo progress measurement along the above-mentioned three dimensions. A draft Technical Note on loc monitoring of progress (based on papers prepared by country facilitators and experts) was then pres On Day 2, a field visit to Magu District provided participants with insights on the usefulness of propo methodologies (see Annex 4). On Day 3, the teams discussed what they learned from the presentat and the field trip. They then revised the draft Technical Note accordingly.

What were our achievements?

The meeting achieved its objective and more. The revised Technical Note 3 was produced; the netw expanded its membership significantly to more countries. The Technical Resource Network on Loca Responses came to a better understanding of its common values and operating principles through th development of a communication strategy (eg the satellite meeting) to be used by the Local Respon network in Durban. We developed the concept of sub-regional training of district facilitators of local responses, and formulated a proposal for a Dick Schapink Award, to honour our late colleague from TANESA/KIT who co-organised the meeting.

What lessons did we learn?

Risk mapping and, by and large, the process of monitoring, is an intervention. The visit to Magu dist
Annex 4) clearly illustrated that well conducted self-analyses of risk and vulnerability are much more
planning tools. They constitute interventions by themselves as they open up dialogue on HIV/AIDS,
immediately lead to community action and ownership of the process at an early stage.

People living with HIV/AIDS, acting as facilitators of Local Responses, constitute an invaluable reso
The limitations of a "prevention only" approach were obvious during the visit to Magu District near M
While communities have adopted by-laws to prevent HIV/AIDS, they do not formally recognise that P
are living in their midst. AIDS is still a discourse without a face in Magu. As a consequence, the pers
communication networks that are operating so successfully in Uganda and Northern Thailand are nc
effecting behavioural change in Magu District.

What are our next steps?

Next steps will include the expansion and consolidation of the Technical Resources Network. The ne
meeting, possibly to be held in Ghana or in Thailand, based on the participants' wishes and priorities
focus on the role of PLWHA in facilitating the interactions between communities and service provide

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The meeting was a great reunion for many and a rewarding introduction for others. A great sadness
shared by all, however, in the recent tragic loss of Dick Schapink, who died on duty travel in a car ac
Dick played a leading role in Local Responses in Tanzania, and made a major contribution to the
organisation of the meeting. Plans are underway to establish the Dick Schapink Award for Local
Responses. Watch our network for more news on this:
(http://www.unaids.org/publications/documents/responses/index.html#local)

Participants came to share their experiences from all over the globe, including Benin, Botswana, Bu
Faso, Chad, Congo, Côte d'Ivoire, France, Germany, Ghana, Guinea, Malawi, Nigeria, South Africa,
Switzerland, Tanzania, Thailand, Uganda, UK, USA, Zambia and Zimbabwe.

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EXPECTATIONS OF PARTICIPANTS

1. *To reach a common understanding about Local Responses*
2. *To develop strategies for measuring and monitoring progress and quality of life*
3. *To bring people into the centre of measuring progress – to go beyond quantitative measures*
4. *To go beyond anecdotal documentation and move to hard sciences*
5. *To learn how small projects can be brought to scale*
6. *To learn how to avoid previous failures*
7. *To find effective ways of communicating Local Responses – how UNAIDS can better facilitate exchange*
8. *To enable community empowerment on a monetary level*
9. *To curb poverty and empower women*
10. *To create a milestone in our collective journey towards AIDS-competence*

Delegates at the Mwanza meeting, gathered on the steps of

Bank of Tanzania Training Institute

A quotable quote from the meeting…

Solly Rasego, The Policy Project – South Africa

"There is a saying I keep close to my heart that has been a continual source of encouragement:

In times of scarcity, prepare for times of plenty.

In times of plenty, prepare for times of scarcity.

We can never lose hope but we never lose fear. Somewhere between these two emotions is our pe
high ground. If we've got the courage, we will begin the journey to that place somewhere inside us."
Rasego

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ANNEXES

*Included here as Annexes are summaries of the different papers presented at the meeting, highlight
main points. If you would like a full copy of any of the papers, please do not hesitate to contact us vi
Saito at saitoe@unaids.org and we will try to get one to you, either electronically or in hard copy forr*

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ANNEX 1

MEETING AGENDA

Local Responses Resource Network on Measuring Progress of Local Responses to HIV/A

Mwanza, Tanzania

05-07 June 2000

Meeting Venue Bank of Tanzania Training Institute, PO Box 131, Mwanza Tanzania

Tel: 255-068-500709/500983, Fax: 255 - 068 - 500984

Sunday 4 June

16.30 – 20.00 Informal social event for those already arrived, jointly with

community members.

Venue: The Yacht Club

Monday 5 June

Chairperson: Dr. R. Swai (Tanzania)

Rapporteur: Jean Mason (UNAIDS) and Gabriel Mwaluko (TANESA)

Morning

09.00-09.30 ***Welcome Ceremony***

Dr. Samson Winani, Regional Medical Officer, for the Ministry of Health a
Ng'weshemi: Welcome to Mwanza Region

Dr Jean-Louis Lamboray: Introduction to the meeting

09.30-10.10 Participants' introduction and expectations of the meeting: *"I*
I at this meeting? What do I expect from it?"

10.10-10.20 Introduction to Learning and Support Teams: Methods used
Technical Meeting. During the three days of the meeting participants disc
and work within those teams of five people maximum.

35. Coffee/tea break

10.35-13.00 Country facilitators/representatives report (10 minutes each)
their experiences with progress measurement of Local Responses. Follo
group of three presentations the teams discuss (10 minutes each) what t
learned from this.

Presentations by:

Dr. Martin Mosima (Botswana)

Dr. Peter Stegman (Ghana)

Mrs Kyere Karidia (Burkina Faso)

(break/team discussion)

Dr. E. Tarimo (Tanzania)

Dr. Pikul Mantachaipan (Thailand)

(break/team discussion)

Mr. Robert Ochai (Uganda)

Dr. Charles Machila (Zambia)

Dr. R. Labode (Zimbabwe)

(team discussion)

13.00-14.15 Lunch break

Afternoon

Chairperson: Dr. R. Labode (Zimbabwe)

Rapporteur: Jean Mason (UNAIDS) and Gabriel Mwaluko (TANESA)

14.15-14.30 Presentation of 3rd Technical Note (draft) on measuring pro
(based on papers prepared by experts) and expected participants' inputs
Pervilhac)

14.30-15.00 Teams prepare presentations on what they learned about lo
measurement from the presentations this morning. They highlight specifi
requirements for measuring progress on Local Responses to HIV/AIDS t
integrate in the Technical Note.

15.00-15.45 Plenary Session: teams report (5 mins each)

15.45-16.00 *Break*

16.00-17.30 Experts present, 20 minutes each, methodologies for progre
measurement. After each presentation teams discuss (10 mins) what the
learned from the presentations.

1. Monitoring of reduction in HIV incidence and behavioral change (*Cyril Pervilhac*
H. Dao)
2. Assessment of quality of life (*Prof. Dr. S. Skevington)*
3. Assessment of autonomy of individuals and communities involved (*Dr. G. Mwal*

17.30-18.00 Introduction of field visit on Tuesday and group tasks/ quest
reference separate program (*TANESA/ Magu District Council*)

18.00-18.10 Wrap-up of Day 1, and announcement (Durban conference,
Tuesday evening)

Tuesday 6 June

Field trip organised by TANESA

7.30-18.00 Participants in teams visit different activities addressing HIV/A
They address the questions of the first day of the meeting, and the group
questions

20.00 Optional: Meeting of 'Team on Local Responses' for Local Respon
attendance during XIII International AIDS Conference (*Cyril Pervilhac*)

Wednesday 7 June

Rapporteur: Jean Mason (UNAIDS) and Gabriel Mwaluko (TANESA)

Morning

10. Group work: Teams discuss what they learned on progress measurement from visit and relate it to the presentations from the first day of the meeting. Teams edit/adjust draft Technical Note accordingly. Teams prepare presentations.

10.00-10.15 Coffee and Tea Break

10:15-12:30 Plenary session: Presentation by each team of changes in d Technical Note no. 3, with explanation why changes should be made.

12.30-14.30 Lunch Break

Afternoon

Chairperson: Dr. J. Ng'weshemi (TANESA)

Rapporteur: Jean Mason (UNAIDS) and Gabriel Mwaluko (TANESA)

14.30-15.30 Synthesis and Consensus-Building on 'final' version of Tech Note on Measuring Progress of Local Responses to HIV/AIDS *(Facilitatic Team, TANESA and UNAIDS)*

15.30-15.45 *Break*

15.45-16.30 Plenary Session: Next steps/ Action plan (strategic vision or move next). Future Technical Meeting agenda. Implementation of results Technical Meetings: Country Key Notes, Local Measurement (*Dr. Jean-L Lamboray*)

16:30-16:45 Announcement Dick Schapink Award (Award for the most ef local response to HIV/AIDS) (*Dr. Hilde Basstanie and TANESA*)

17. **Closing session and farewell** *(Dr. J. Ng'weshemi and Dr. Jean-Louis Lambora*

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ANNEX 2

SUMMARIES OF COUNTRY EXPERIENCES

1. The HIV/AIDS SITUATION IN BOTSWANA

Mr Martin Mosima

Strategies in place

On a national basis, a Medium-Term Plan (MTP) was initiated in 1989. Phase 2 runs from 1997 to 2
The main focus is on policy development, institutional strengthening and service delivery. Every min
now has a budget for HIV/AIDS.

The National AIDS Council (NAC) has been established, chaired by the president.

At a local level every village has a Village AIDS Committee. These are multi-sectoral and have
representation at district level. Actors include NGOs, CBOs and concerned people, who provide hon
based care, counselling, orphan care, information/education programmes, income-generating progra

Other remarks

* In Botswana one in three people are HIV-infected. As a result a National AIDS Council (NAC), hea
the president has been established - thus the political will is there.

* Urban areas are stabilising or show no further increase while rural centres show some increase. Tl
contrasts with the findings of the 1997 survey.

2. DISTRICT RESPONSE INITIATIVE IN GHANA - FROM SELF-ASSESSMENT TO NATIONAL P

Dr Peter Stegman

Strategies in place

The District Expanded Response Initiative (DRI) in Ghana is accelerating and expanding in both scc
intensity, and ten districts are involved so far in the DRI programme. A monitoring and self-assessm
programme has been established, which adopts a 'twin track' approach (see below).

Quantitative indicators of progress

Track 1 is institutional and more quantitative. It provides technical

inputs, funding, etc. Evaluation and monitoring progress includes data

collection on the increase or decrease of births and deaths, condom distribution

and use, STDs, number of school HIV/AIDS programmes, numbers of PLWHA under

home-based care, number of sex workers attending AIDS Awareness programmes, etc.

Sentinel surveillance for monitoring reduction in incidence is critical for

providing key indicators, measuring progress and also serves as an advocacy tool.

Qualitative indicators

Track 2 is the local voice and more qualitative. A series of community assessments

has been designed to capture specific, local-level data, such as changes in attitudes and behaviours communities' views on strategies appropriate to them.

Other remarks

The DRI is expanding to the Ashanti region, where scaling up initiatives will include responses from of 80 communities that will provide national level policy makers with invaluable information.

3. BURKINA FASO: MULTI-SECTORAL PLAN OF HIV/AIDS AND STD CONTROL 1999-2001, G DISTRICT

Mrs Kyere Karidia

Strategies in place

Training, social marketing of condoms, IEC, supplying of reagents, support for PLWHA.

Major constraints

Poor circulation of information and poor distribution of tasks among members of the Technical Comm excessive number of TC members.

Quantitative indicators of progress

Number of discussion groups, plays, etc, number of condoms sold, number of people tested (volunta number of people and families followed up, number of projects completed and number of beneficiari

Qualitative indicators

AIDS competence among active local partners has tripled since 1987. Higher commitment and mobi of social and health workers, local authorities, NGOs and community groups (eg women's groups, re groups, traditional healers, youth groups) in the last year; people's awareness of HIV/AIDS increase national interest in Gaoua experience and associated benefits, eg national strategic planning and introducing Local Responses to other districts.

4. SENEGAL: CAPACITY BUILDING FOR THE DEVELOPMENT OF LOCAL RESPONSES, MBA DISTRICT

Dr Antoine Ndiaye

Strategies in place

Community ownership of district-level IDS control activities in Mbao District:

identifying local leaders and increasing their awareness of HIV, technical training, forming partnersh sharing experiences with other countries in the sub region (eg study visit to Gaoua).

Major constraints

* Electoral period: difficulties mobilising political authorities and local leaders

* The community barely acknowledges AIDS in Mbao District.

* Mbao district health facilities do not follow up AIDS cases.

* Absence of HIV/AIDS testing in Mbao District

Quantitative indicators of progress

Seroprevalence surveys of two to three target groups

Qualitative indicators

Socio-behavioural surveys

5. THE EXPERIENCE OF CÔTE D'IVOIRE

Dr Justin Koffi

Strategies in place

Involve and train communities and village chiefs to develop a local response. Promote income-gene activities, encourage PLWHA to develop autonomous activities, organising World AIDS Day activitie villages; condom promotion.

Quantitative indicators of progress

35 000 condoms distributed. District projects (three districts) include creation of grocery stores, sale agricultural products, creation of AIDS information centres.

Qualitative indicators

Improvement of quality of life, capacity building.

6. SOUTH AFRICA –THE POLICY PROJECT

Solly Rasego

Strategies in place

Running workshops with participants from provincial, regional, district and local levels in three Core Areas:

1.Developmental Non-Governmental Organisations (DNGOs)

* Going back to basics, not bringing in anything new. Going back to grassroots level. HIV to be on al agendas

* Seed funding for youth groups.

* Churches mandated to become involved

2. ATTIC (AIDS Training, Information and Counselling Centres)

Multi-sectoral. Three capacity-building areas identified:

* Strategic Planning Skills Development

* Advocacy Skills Development

* Monitoring and Evaluation Skills

3. Local Government

Pilot testing the HIV/AIDS toolkit in KwaZulu Natal. Toolkit includes basic skills in data collection, pla
and advocacy

Quantitative indicators of progress

Site visits - observation

Qualitative indicators

Participants gained new basic skills to develop their own strategic plans

7. TANZANIA – MEASURING PROGRESS OF LOCAL RESPONSES TO HIV/AIDS

Dr Eleutha Tarimo

Based on a review of Local Responses in three districts:

Strategies in place

* District plans

* Community level risk mapping initiated in one district

* School-based interventions – full marks

* Community participation implemented countrywide, but a continuum, low to high levels

* Adequate resources, considerable external support

Major constraints

Lack of targets; confidentiality/mistrust; community-directed response is weak; HIV/AIDS district divi
less than 20% of districts having intensified responses. The divide, ten years after the start of the ini
is unnecessary and unfair. Public dissatisfied with attitude of medical profession – seropositive statu

divulged, even to partners; lies on death certificates. Also the unnecessary and unfair district divide regarding equity – 'who is in, who is out'. Inadequate empowerment of individuals, families and communities to play a more active role in processes. Fragmentation of interventions – lack of comprehensive plans of action and definition of roles. Surveillance data scanty. Reports too technica written for supervisors, not the public.

Quantitative indicators of progress

Specific indicators that were used, include: number of leaflets and booklets distributed; number of sc where health interventions have been initiated; number of films shown, dramas presented, etc.

On the increase: availability of educational materials, number of condoms sold, number of people go church.

On the decrease: casual marriages, divorce, HIV/AIDS cases, STD cases, deaths from AIDS, peopl staying late in bars, disputes between spouses.

Qualitative indicators

Tracking behavioural change through surveys, observations and qualitative interviews.

Other remarks

Two messages:

1. In measuring progress at local level we should be concerned with not just impact but MEANS/process as well.
2. Don't mystify issues for communities – support them to find their own solutions and indicators own ways.

8. ENHANCING CARE INITIATIVES IN NORTHERN THAILAND

Dr Pikul Mantchaipan

Strategies in place

Multi-disciplinary project established, supported by Harvard AIDS Institute – 'Enhancing Care Initiative' (ECI), comprising four countries – Thailand, Brazil, Senegal and South Africa. Consultative meetings aimed at gaining understanding of aspects of care through community assessment. Collab is achieved between family and community, sub-district, district, and provincial levels. The two main are to improve quality of living through quality of care and treatment and to make care services avail and accessible to all.

Major constraints

Problems and obstacles in coordination and networking

Sharing of resources

Sense of empowerment

Quantitative indicators of progress

Four methods of evaluation used:

1. Questionnaires (most convenient but difficult in assessing quality of life)

2. Group discussions

3. Reviewing documents

4. Surveys of services available in communities, eg funds, information centres, traditional healers, e

Input indicators: human and financial resources made available; number of training workshops hel

Output indicators: number of guidelines and material received; number of trained volunteers and personnel: quality of care services as perceived by PLWHA; networking and referral systems in the

Qualitative indicators

Involvement in process by community groups, sharing information with HIV focus groups.

Other remarks

Though evidence shows stabilisation or decreasing numbers during the last three years, many infec affected people need care and help.

9. UGANDA - MEASURING PROGRESS OF COMMUNITY RESPONSES TO HIVAIDS – TASO's EXPERIENCE

Robert Ochai

Strategies in place

Participatory approach; questionnaires, interviews, observation, reports. A combination of strategies

Quantitative indicators of progress

Combination of quantitative surveys, observation, reports, records. Measurement of progress an ess intervention.

Qualitative indicators of progress

Measuring knowledge, attitudes and practices (KAP) of communities

Community assessments done at pre-intervention (baseline) stage; mid-term and at phase-out stag

Other remarks:

Regular follow-up is necessary. Training does not improve capacity. Don't raise expectations but rea given expectations as soon as possible.

10. ZAMBIA: MULTISECTORAL APPROACH IN MAZABUKA DISTRICT

Dr Charles Machila

Strategies in place

The Mazabuka Multisectoral Committee was formed to identify high-risk communities or groups, and identify ways of dealing with the associated problems. The committee includes co-operating partners, market traders, churches, traditional healers, all government departments and the Zambia Sugar Co

Major constraints

Behavioural change difficult to achieve despite high levels of public awareness.

Home-based care teams lack transport, drugs are too expensive for treatment of opportunistic infect and there is a lack of HEPS and micro-nutrients, especially for the poor.

High levels of poverty exist.

Quantitative indicators of progress

TB cure rate improved

Qualitative indicators

Public awareness fairly high

Communities now take care of the critically ill, instead of institutions

Other stakeholders now associate themselves with health issues

Other remarks

Three main lessons:

- knowledge does not necessarily mean behaviour change
- A multi-sectoral approach is the best approach
- Sex education for children is necessary

11. THE SITUATION IN INYATHI, ZIMBABWE

Dr Ruth Labode

Strategies in place

Peer educators, home-based peer groups, orphan programmes, theatre groups, association of PLW development of user-friendly tools, development of District Multi-sectoral AIDS Coalition, coordinate district hospital.

Major constraints

It is very difficult to measure quantitatively. There is also a need for qualitative assessment accordin community perceptions.

There is a fear that the district will become overwhelmed with various pilot projects.

There is also a fear that the health system could hijack community initiatives.

Quantitative indicators of progress

Number of known cases on home-based care, number of AIDS deaths, number of orphans, percent orphans on social welfare support, condom consumption rate, incidence of STDs, HIV prevalence ra ANC mothers, numbers of youths going for VCT

Qualitative indicators of progress

The involvement of other organisations, such as churches and NGOs.

Other remarks

The Multisectoral Coalition project is attracting a lot of donor interest; the district is to open a VCT ce the next few months. The Ministry of Health would like to expand the UNAIDS Local Responses pro eight districts instead of one.

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ANNEX 3

SPECIALIST PAPERS

1. **Monitoring the reduction in HIV incidence and behavioural change - a paper written by**

Dr Halima Dao, presented by Cyril Pervilhac.

The study is a review of selected country experiences in local monitoring of the HIV/AIDS epidemic behavioural change.. The review presents:

- Key operating principles for local monitoring
- Potential measurement indicators for local monitoring, and
- Tools for data collection, including strengths and limitations.

Information was gathered from reports on Burkina Faso, Ghana, Tanzania, Thailand, Uganda and Z

Key operating principles include: involving communities in discussion and use of data in all cases, a collection in some cases; Put mechanisms in place to ensure confidentiality. Reduction of stigma ar HIV/AIDS is essential; local monitoring should involve communities; health centre staff should have pivotal role; follow-up and support essential; simple and easy testing methods should be used, and appropriate presentation methods.

A framework for the development of indicators was established. Local monitoring should not detract

national monitoring but should form the basis for such programmes.

Potential indicators were identified as well as data collection methods and tools for assessment. Quantitative methods include surveys and HIV surveillance, while qualitative methods depend more observation , focus group discussions, risk behaviour mapping and key informant interviews.

2. **Measuring quality of life in HIV and AIDS presented by Prof Suzanne Skevington and Kathr O'Connell.**

Specific Features

- People concerned are asked for their own perception of quality of life
- People Living with AIDS and AIDS patients and those symptomatic and asymptomatic with H infection, as well as the general population of 'well' people are able to respond
- Questionnaires address quality of life issues that are relevant to the people concerned so tha are culturally sensitive to their needs. They should be culturally coherent, and should be avail the local language(s)

Status of Development of WHOQOL Methodology for Measuring Progress on Local Respons HIV/AIDS

The Division of Mental Health at the World Health Organisation (WHO) developed both a generic an HIV-specific WHOQOL-questionnaire for the measurement of quality of life of people with many dise and conditions and for HIV-infected people respectively.

The WHOQOL is a self-assessment tool designed to measure the quality of life of those with chronic diseases, high-risk groups like refugees and migrants, care-givers and well people (a generic scale) questionnaire addresses seven domains of quality of life (physical, psychological, level of independe social relationships, environment, spirituality/religion/personal beliefs, and the spiritual beliefs of PLV

This instrument is not yet designed for use at the local level. It may, nevertheless, be adapted and simplified for the purpose of measuring Local Responses.

3. Assessment of autonomy of individuals and communities involved - presented by Dr Gabri Mwaluko

In order to assist communities measure progress on AIDS competence there is a need to develop methodologies for measuring progress.

An AIDS-competent society means that individuals and communities have come to recognise the ne behaviour change so as to avoid risk of HIV infection. Behaviour change has to be the decision of individuals, while the role of the community is to develop a supportive and enabling environment.

For example, in Magu District, Tanzania, risk mapping has been identified as a process in which wo men and youth could identify and visualise places in the village that they perceived to be of high risk contracting HIV. The group would then discuss various strategies for avoiding these areas. The proj helps communities convert awareness into action in order to stimulate behaviour change. It is a low venture that does not need external facilitation. Local leaders supervise and there is a follow-up by a sectoral team. Mapping thus enables communities to create a supportive environment and reduce s vulnerability, and provides a good example of autonomy of individuals and communities in combatin local level.

Other aspects of assessments include factors such as how does the district coordinate, disburse, pr and account for HIV/AIDS funds; how local resources are mobilised and how going to scale is put in action.

The assessment needs to be done by communities in order to internalise the process. Indicators for assessment must be collected, analysed, and interpreted, and the information gained should be use the beneficiaries to improve services.

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ANNEX 6

FIELD TRIP TO MAGU DISTRICT

On day two of the meeting a field trip to the Magu District of Mwanza gave participants the opportun observe first hand how local communities are dealing with the HIV/AIDS problem. Some of the techr used include the mapping of areas in each village that present a high risk of HIV infection, such as v gathering points, liquor outlets, brothels and dance halls. Once alerted to these 'unsafe' areas, agre is reached in the community on how to change daily behaviour patterns so that people can avoid ex to risk. Peer group health education is another tool, whereby schoolchildren are involved in formal programmes of educating one another about the importance of social values and safe sexual practic schools certain teachers are assigned as 'guardians' to counsel children who are too young to unde the risks or to know their rights. The local response initiative is taken seriously enough for municipal to be adopted, ensuring the enforcement of changed behaviours.

It was apparent to the workshop participants that these communities have clear indicators of progres as reduction in teenage pregnancies) but there is clearly a need for a more comprehensive monitori system. A more elaborate tool for risk mapping might serve this purpose.

Women at Mwamayombo Village, Magu District, dancing out the AIDS message

LESSONS LEARNT IN THE FIELD BY THE DIFFERENT GROUPS

The six different teams each made a summary of the most important lessons they learned from the f trip. Here follows an overall synthesis of their learnings.

Partnerships/Ownership

- Monitoring and sharing of information at local level should be done in partnership
- Ensure "sustainable involvement**"** of the community
- Involve many different groups/actors
- Peer Health Education (PHE) – children outside the school should be invited to join in
- Challenge: how to capture those groups in the community that are being 'left out'?
- The more communities are empowered to do things together, the more boundaries break
- Every member to own the activities and feel free to respond eg to ask questions.
- Involving everybody in the struggle leads to mutual accountability, eg PHE in school, family involvement, community involvement
- Creating informal focused environment where people are free to speak out their views withou
- Internalisation of ownership of process by the politicians **=** political commitment

Facilitation

- There should be very open discussion and interaction about sex/disease
- Facilitating openness and raising awareness form a base for planning and monitoring
- Make it clear right from the beginning that PLWHA are not **victims** but agents for change. Th help to deal with the issue of stigma and improve care and support activities
- Team facilitation approach (taking community as one team) is very useful for local responses avoid superior / subordinate kind of relationship. This enhances a sense of belonging as a tea
- Use existing structures, rather than new ones
- Restrict by-laws and attend to the needs of "voiceless" groups
- Incorporate the idea of home care early along the process of community mobilisation to go al with the process of promoting behaviour change
- A care and support component should be included, plus VCT

Mapping

- Is mapping adequate as a monitoring tool? Need for other methods and dimensions
- Update maps regularly so that they are dynamic
- Other important risk-places outside the villages should be presented in the map
- Sites of opportunities / assets could be included into mapping exercises
- Mapping of care and support should also take place
- Representatives from specific groups (older, younger groups, etc) should be included
- Use of mapping information - how to direct (not control) behaviour change after the mapping exercise

Indicators and Data Collection

- Insufficient indicators
- Data collection/surveillance system should be improved
- Systems needed for data collection - build on ideas coming from communities
- Indicators to be easily measurable and the system to be kept 'simple' and manageable, eg re on day-to-day activities, observed changes, etc
- Indicators in terms of **coverage** are needed (need to consider denominators)
- Be aware of different perceptions of indicators between community members and facilitators
- Communities should be involved in self-assessment and monitoring processes, ie they shoul develop indicators themselves
- Build on indicators identified by communities and what they find relevant
- Guardians should submit monthly reports to their education department

Going to scale

  - Challenge: how to link the diversity of information from village level into a district-base

monitoring system?